

Student Records
Millville Public Schools
110 N. 3rd St., PO Box 5010
Millville, NJ 08332
Phone (856) 327-6148
Fax (856) 293-1077

RELEASE OF RECORDS REQUEST FORM

PLEASE READ CAREFULLY:

Effective January 1, 2006, verification of identification for Social Security or the Motor Vehicle Commission CANNOT be provided unless an individual is CURRENTLY enrolled in the Millville Public School System.

For all other requests, this form must be legibly completed in its entirety and returned with a copy of your current driver's license. *If your license does not contain your current mailing address, other forms of identification which contain your full name and current mailing address will be required (see * below).* Incomplete release forms or incomplete identification will cause this form to be returned to you and records will not be sent until all required information is furnished.

NOTE: Colleges, prospective employers, or governmental agencies will only accept official transcripts AND must be mailed from the Millville Public Schools directly to the college/employer/agency. Be certain the address(es) you provide are accurate and legible. ONLY THOSE RECORDS YOU INDICATE ON PAGE 2 WILL BE SENT.

Name: _____
First M.I. Maiden/Other Last

Current Address: _____
Street Address City/State/Zip

Mailing Address: _____
(Provide only if different from above)

Phone #: (____) _____ Date of Birth: ____/____/____ SSN: XXX / XX / _____

Did you Graduate? ____ Transfer? ____ Dropout? ____ What year? 19____ or 20____

I hereby authorize the custodian of school records for the Millville Public School System, or his/her designated representative, to release only those records I have indicated to those individuals, schools/colleges, and/or prospective employers whose complete address(es) and reason(s) for the release have been supplied on this authorization form. This authorization is valid for the release of my records only as stipulated on the reverse and the release expires immediately upon release of the information. This authorization may be revoked if written request is received prior to the release of the information. Any future requests for release of information require completion of a new authorization form and presentation of requested form(s) of identification. I understand that I am entitled to an unofficial copy of records and exercise this right by initialing here: _____

Email address (optional): _____

Signature
Revised 051712

Date

* Other forms of identification: Lease; recent (within 30 days) utility bill [gas, electric, hardwired phone, cable]

#1

Name and address of Institution, Employer, or School where records are to be sent and reason for request:

Reason: _____

Type of Records to be Released (Check all that apply) NOTE: THERE ARE NO COPIES OF DIPLOMAS:

- ☐ Transcript of Grades 9 10 11 12 All
- ☐ Immunizations
- ☐ SAT (if checked, ALL scores will be included)
- ☐ ACT (if checked, ALL scores will be included)
- ☐ Letter Verifying Graduation only (This is NOT proof of identification)
- ☐ Other (Specify) _____

#2

Name and address of Institution, Employer, or School where records are to be sent and reason for request:

Reason: _____

Type of Records to be Released (Check all that apply) NOTE: THERE ARE NO COPIES OF DIPLOMAS:

- ☐ Transcript of Grades 9 10 11 12 All
- ☐ Immunizations
- ☐ SAT (if checked, ALL scores will be included)
- ☐ ACT (if checked, ALL scores will be included)
- ☐ Letter Verifying Graduation only (This is NOT proof of identification)
- ☐ Other (Specify) _____

#3

Name and address of Institution, Employer, or School where records are to be sent and reason for request:

Reason: _____

Type of Records to be Released (Check all that apply) NOTE: THERE ARE NO COPIES OF DIPLOMAS:

- ☐ Transcript of Grades 9 10 11 12 All
- ☐ Immunizations
- ☐ SAT (if checked, ALL scores will be included)
- ☐ ACT (if checked, ALL scores will be included)
- ☐ Letter Verifying Graduation only (This is NOT proof of identification)
- ☐ Other (Specify) _____